PRINTED: 02/26/2016
FORM APPROVED

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	TN3101	A. BUILDING: 01 - MAIN BUILDING 01 B. WING _____	02/23/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIDGE AT MONTEAGLE (THE)	26 SECOND STREET MONTEAGLE, TN 37356

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 901	1200-8-6-.09(1) Life Safety (1) Any nursing home which complies with the required applicable building and fire safety regulations at the time the board adopts new codes or regulations will, so long as such compliance is maintained (either with or without waivers of specific provisions), be considered to be in compliance with the requirements of the new codes or regulations. This Rule is not met as evidenced by: Based on observations and testing, the facility failed to comply with applicable building and fire safety regulations. The finding included: Observation and testing on 2/23/2016 at 9:34 AM, revealed locking arrangement (slide lock bar) that requires effort to unlock the door in the women's restrooms. National Fire Protection Association (NFPA) 101, 8.3.3.2.3 (2012 Edition) This finding was verified by the maintenance director and the administrator during the exit conference on 2/23/2016.	N 901	K 062 CONT: comparing with Life Safety Codes to ensure new regulations, if any, are being met. c. Any findings that are not compliant with Life Safety Codes will be reported to the Administrator Immediately for correction along with reporting to the Quality Assurance committee monthly. N 901 1200-8-6-.09 (1) Life Safety (1) Any nursing home which complies with the required applicable building and fire safety regulations at the time the board adopts new codes or regulations will, so long as such compliance is maintained (either with or without waivers of specific provisions), be considered to be in compliance with the requirements of the new codes or regulations. Corrective Action: 1) Residents Affected: a. No resident(s) were affected by deficient practice. Not Resident Specific. 2) Identify: 100% audit was completed on 2/26/2016 by the Maintenance Director to make sure all locks were in good working condition. 3) Measures: The Maintenance Director was in-serviced on 2/26/2016 on proper working locking devices on doors. An In-service will be completed with staff on notifying the Maintenance Director of any issues with locks not working properly. 4) The Maintenance Director will audit and test manual locks monthly x 3 months and then quarterly thereafter. Any issues with locks not working will be reported to the Maintenance Director immediately.	2/23/2016

Division of Health Care Facilities
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE — (X6) DATE

Blaine Lee — Administrator — 3/8/2016